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FOLLOW-UP ACTIONS TO THE RECOMMENDATIONS OF THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT: INTERNATIONAL MIGRATION

Flows of financial resources in international assistance for population

Report of the Secretary-General

The present report responds to a request made at the twenty-eighth session of the Commission on Population and Development, for an annual report on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development. The report forms part of the work programme of the Commission in monitoring the response of the world community to the implementation of the Programme of Action, in particular, paragraph 14.11. The report follows from General Assembly resolutions 49/128 and 50/124, and responds to suggestions made at the twenty-ninth session of the Commission regarding the need for comprehensive reporting of financial flows.

Since the International Conference, the international donor community, national Governments and non-governmental organizations have shown commitment to the Programme of Action, and progress has been made in implementing it. There is evidence of an increasing flow of resources in the form of external assistance in 1994 and again in 1995. The report describes domestic resource flows in certain developing countries, based on provisional data, and indicates how information on both international and domestic flows will be systematized in the future through a cooperative agreement between UNFPA and an international non-governmental research institution.

* E/CN.9/1997/1.

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INTRODUCTION

1. As part of the work programme of the Commission on Population and Development in its role in monitoring the response of the world community to the Programme of Action of the International Conference on Population and Development, the Commission is called upon to review on a regular basis the flow of financial resources and the funding mechanisms for implementing the Programme of Action (Economic and Social Council resolution 1995/55; General Assembly resolutions 49/128 and 50/124). The Commission requested the United Nations Population Fund (UNFPA) to coordinate the preparation of the report on resource flows, taking into account the inputs of member States, relevant parts of the United Nations system and intergovernmental and non-governmental organizations.

2. Since 1986, UNFPA, on behalf of the Secretary-General, had prepared biennial monitoring reports for the Population Commission on multilateral population assistance. The reports provided information on resources made available for population activities by development banks and by various agencies and organizations of the United Nations system. Starting in 1987, UNFPA has also published annually the Global Population Assistance Report on flows of international assistance for population.

3. The first annual report on the flow of financial resources was presented to the Commission on Population and Development at its twenty-ninth session, in February 1996 (E/CN.9/1996/6). It concluded that the international donor community had demonstrated commitment to the Programme of Action and that certain donors had made significant progress towards implementing it. There was some evidence of an increasing flow of resources in the form of external population assistance. Many Governments of developing countries were revising their population and development policies in line with the goals of the Conference. The Commission, in accepting the report, requested that further efforts be made to improve reporting on financial flows, including a clear account of levels and trends in funding by national, international and non-governmental sources. The present report takes into account the discussions held at the twenty-ninth session of the Commission and, to the extent possible, incorporates several of its suggestions.

4. This report is principally based on data collected through questionnaires. Data on flows of international financial assistance for 1994 are based on 118 responses from 188 questionnaires mailed to countries and organizations which provide population assistance.[1] Questionnaires for collecting 1995 data on international assistance were mailed to 187 countries and organizations in August 1996 and, as of 20 November 1996 (the cut-off date for inclusion in the present report), 57 responses had been received, including eight from donor agencies. In order to collect data on domestic financial flows in developing countries and countries with economies in transition, questionnaires were sent out to UNFPA representatives in 107 countries, to be filled out in consultation with governmental authorities. By the cut-off date, 43 responses had been received.

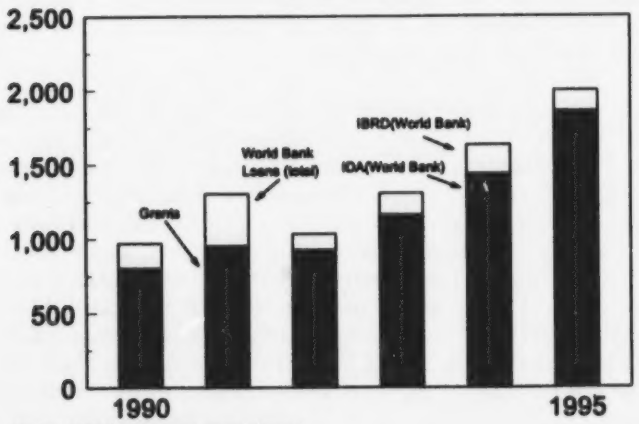
I. INTERNATIONAL FINANCIAL RESOURCE FLOWS

5. The first report of the Secretary-General on the flow of financial resources showed trends in international resource flows up to, and including, the year 1993, and served as a benchmark by which to compare responses to the commitments made at the International Conference on Population and Development. The present report includes all replies to the annual questionnaires for 1994 concerning financial flows of donor and multilateral agencies and all responses to the 1995 questionnaire that had been received by UNFPA by the deadline for submission of the present report. Where provisional data for 1996 were available, they have been included in the report as well.

6. Total population assistance in primary funds[2] expanded substantially from 1993 to 1994 as interest in population issues heightened during preparations for the International Conference on Population and Development. As can be seen from figure I, the total amount of international grants and loans for population programmes surged in 1994 to $1,637 million. Of this total, $1,201 million were in the form of grants for development and $436 million in the form of multi-year loans, mostly from the World Bank. The United States was by far the largest donor for population activities in 1994 ($463 million), providing almost one half of all bilateral assistance for population.

7. Although a final assessment of international population assistance for 1995 is not yet possible, it appears, based on provisional information, that another substantial increase occurred in 1995, compared to the previous year's total. Total assistance for 1995 in fact may approach the $2 billion level, in spite of a decline in official development assistance (ODA), even in nominal terms, from $59 billion in 1994 to $52 billion in 1995.[3]

Figure I. Trends in international population assistance, 1990-1995
(US$ Millions)



Note: 1995 data are provisional.

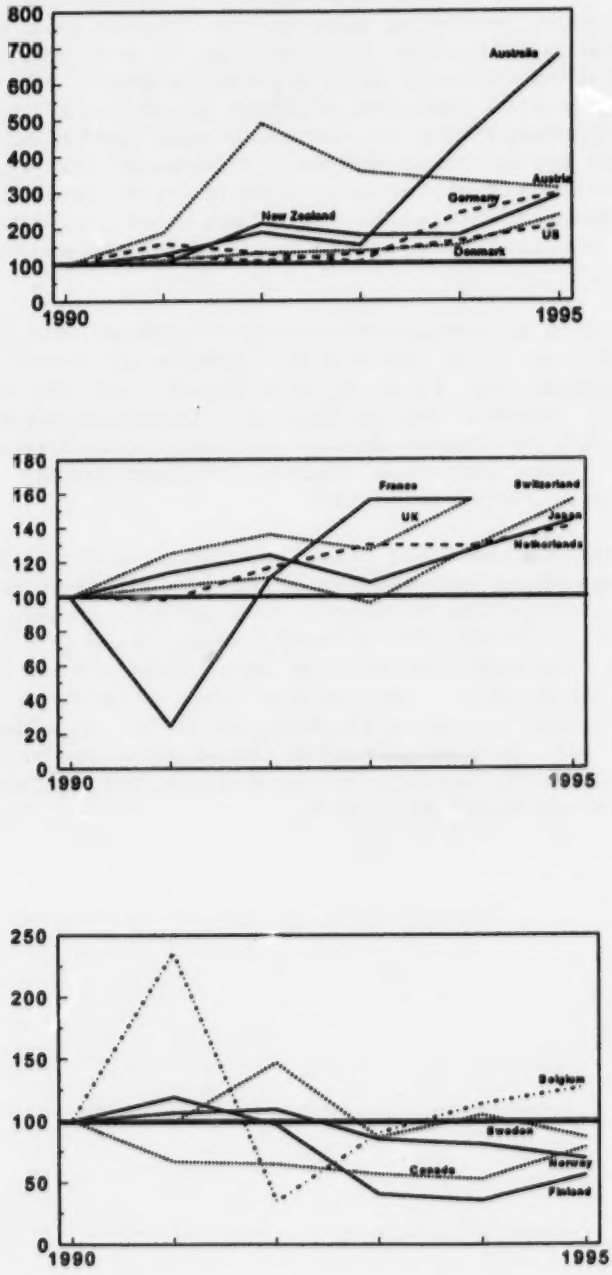
A. Trends in donor country assistance

8. Grants from donor countries make up the largest part of total international population assistance. In 1990, $669 million of such aid was given for population, increasing to about $977 million in 1994. The 1994 total represented a substantial increase of about 26 per cent over the 1993 figure, reflecting the importance that the international community has given to the challenges set out by the International Conference. It appears, from partial and not yet complete data collection, that the 1995 overall flow of financial assistance from donor countries may have increased over the 1994 total by more than 20 per cent and is likely in the range of $1,100 million to $1,200 million.[4]

9. Trends in bilateral population assistance since 1990 are depicted in figure II. As is clear from the figure, immediately prior to the International Conference - comparing 1993 flows to 1994 flows - several countries, including Australia, Germany, Sweden, Switzerland, the United Kingdom of Great Britain and Northern Ireland and the United States, substantially increased population assistance. Only three countries, Canada, Finland and Norway, had decreased population assistance compared to 1990.

10. Returned questionnaires and other unofficial sources indicate, as mentioned above, that a substantial increase in primary population assistance occurred in 1995, compared to 1994. Six countries made notable increases in 1995: Australia, Denmark, Germany, New Zealand, Switzerland and the United States of America. Belgium, Finland, Canada, and Japan also increased their funding in 1995 over the previous year. Only in the cases of Austria, Norway, and Sweden do flows appear to have declined slightly in 1995. To a degree which is difficult to quantify, part of the 1995 increase is due to the broader definition of "population assistance" used since the Conference (see sect. IV below) rather than increased aid per se.

Figure II. Trends in bilateral population assistance
(1990 = 100)

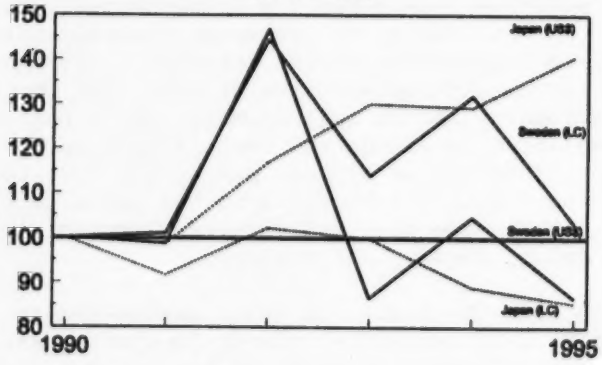


11. When donor flows are expressed in terms of United States dollars, as in the above analysis, increases (or decreases) in local currencies may not be truly reflected, due to countervailing trends in currency exchange rates. A comparison showed that, for the most part, trends in donor financial flows denominated in United States dollars closely followed the trends denominated in local currencies over the period 1990-1995. Only for two countries, Japan and Sweden, did such trends diverge widely. As can be seen in figure III, in dollar terms Japan's population assistance has risen steadily since 1990, but in yen terms there has actually been a slight decline over the same period. The case of Sweden is the opposite, if not as dramatic: in kronor terms there has been an overall increase - marked by wide year-to-year fluctuations - during the period, whereas in dollar terms the overall trend has been one of decline.

Figure III. Trends in bilateral population assistance

(Local Currency (LC) vs. Equivalent US$)

(1990 = 100)

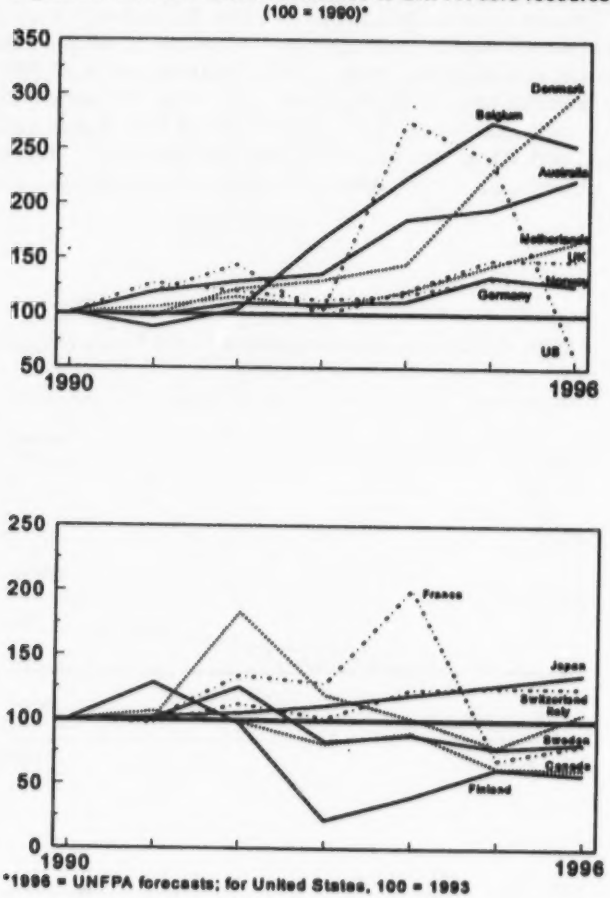


12. It is also useful to compare flows of population assistance to other measures which influence countries' decisions on aid for population activities. In table 1, two such measures are shown: population assistance as a proportion of gross national product and as a share of total official development assistance. Of the countries in the table with 1995 data available, donor countries ranged from Denmark which provided $364 for population assistance out of every $1 million of GNP, to countries, such as Austria, Portugal and Spain, which gave less than $5 per $1 million of GNP. Over the 1990-1995 period, 11 out of 15 countries with data increased their population assistance as a proportion of GNP. In Australia, Austria, Denmark, Germany, and New Zealand the proportion increased by over 200 per cent and, in Australia, it almost quintupled.

13. Table 1 also compares donor flows with respect to total ODA assistance. Most countries (again, 11 out of 15) increased the percentage of their total ODA earmarked for population programmes. With the provisional data available, an upward trend is evident for the period 1990-1994, followed by a sudden spurt from 1994 to 1995. Much of this, as noted above, can be explained by the broader definition of population activities used in 1995 reporting, including assistance for reproductive health and for HIV/AIDS prevention. With the broader definition, several countries (Denmark, Finland, Norway, the United Kingdom and the United States) now devote more than 3 per cent of their ODA to programmes for population and reproductive health. The United States is exceptional in this regard, having reached more than 8 per cent of ODA in 1995 - a combination of declining total ODA and increasing support for population and reproductive health. This is the highest percentage ever recorded for this measure. Finally, four countries included in the table have given decreasing support for population/reproductive health over 1990-1995 in terms of share of total ODA (Canada, Japan, Norway, and Sweden).

14. It is useful to note the trends in donor assistance to UNFPA core resources, the largest multilateral source of population assistance. These, in terms of United States dollars, are shown in figure IV for the period 1990-1996. Of the 15 countries shown, 10 increased their funding to UNFPA over the period, with Belgium, Denmark and Australia doubling, or more than doubling, their contributions. The countries that decreased funding to UNFPA include Canada, Finland, France, Italy and Sweden, several of which experienced economic difficulties over the reporting period. The actual amounts contributed to UNFPA core resources by major donors of the Development Assistance Committee of the Organisation for Economic Cooperation and Development (OECD) are shown in table 2.

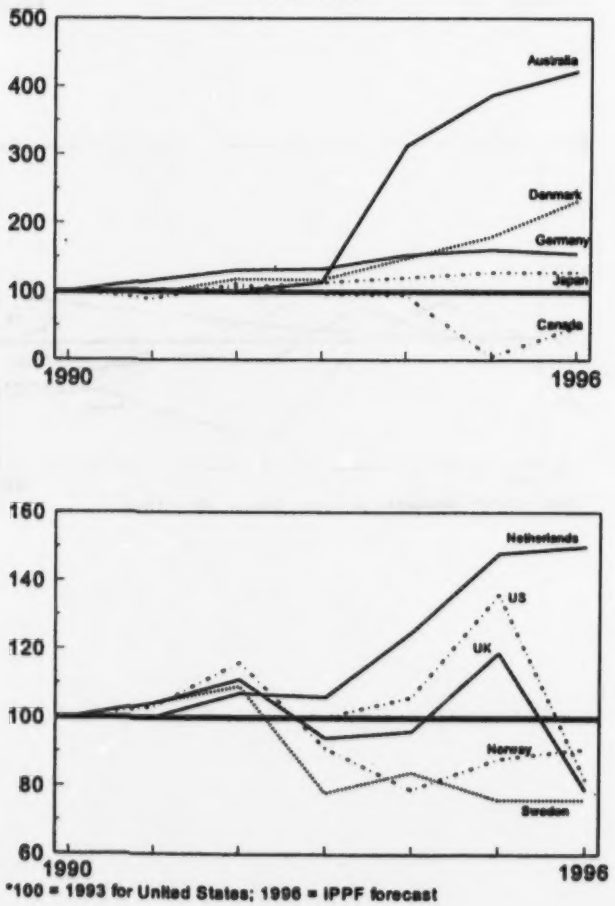
Figure IV. Trends in donor assistance to UNFPA core resources
(100 = 1990)*



*1996 = UNFPA forecasts; for United States, 100 = 1993

15. Another channel through which donor countries make population assistance available is the non-governmental organization community. As the largest international non-governmental organization in the field of population and reproductive health, donor contributions to the International Planned Parenthood Federation (IPPF) are also worth examining. Figure V shows donor trends for 1990-1996 for IPPF core resources, the 1996 figures being IPPF forecasts which may be modified once reporting is complete. Of the 10 major donors shown, five increased their contributions over 1990-1996 and five decreased them. Two of the decreases (the United Kingdom and the United States), however, only affect the 1996 forecasts; otherwise, the contributions from those two donors were rising up to 1995.

Figure V. Trends in donor assistance to IPPF core resources
(100 = 1990)*



*100 = 1993 for United States; 1996 = IPPF forecast

B. Trends in multilateral grant assistance

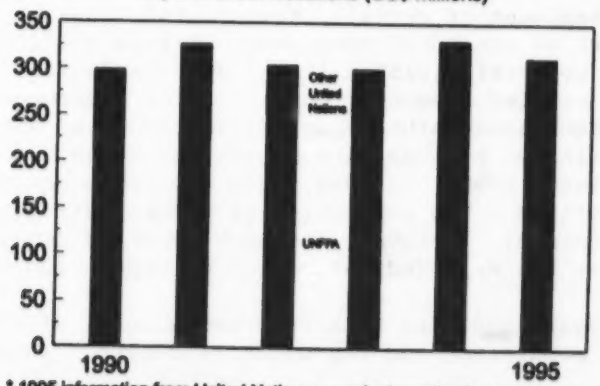
16. Multilateral population assistance is provided by several United Nations agencies and organizations which engage in population-related or reproductive health activities. For many of those organizations, their population activities are primarily financed through UNFPA funding support and, to a lesser extent, from their own regular budgets and from other funding sources. UNFPA is the principal source of multilateral population grant assistance. It is the major source of population funding for other United Nations organizations, and it directly supports a large number of activities in developing countries. In 1994, around 80 per cent of all multilateral population grant assistance was channelled through UNFPA, a proportion which has not varied much during the 1990s.

17. Over the period 1990-1995, the UNFPA annual income has increased from $212 million to $313 million. As was shown above in figure IV, UNFPA's major contributing countries maintained an increasing trend in their support to UNFPA's core activities through 1996 (1996 figures are forecasts). Preliminary estimates for 1996, however, indicate that UNFPA's income will not increase above the 1995 level, chiefly due to a decreased contribution from one major donor country. UNFPA's multi/bilateral funding arrangements, whereby bilateral donors channel assistance through UNFPA to specific projects, has fluctuated between $10 million and $15 million annually. In 1995, multi/bilateral arrangements with UNFPA totalled $14.7 million, and the forecast for 1996 is around $13 million. There is a trend for this channel to be used by donor countries for broader targets, or for wide regional areas.

18. In 1990, the United Nations system - excluding UNFPA - provided $86 million, or 9 per cent of the total amount of assistance for population. In 1994, multilateral funds from the United Nations system, excluding UNFPA, amounted to $107 million, less than 7 per cent of total external population resources.[5] The trends over this period can be seen in figure VI. Apart from UNFPA, the organizations and agencies reporting support for population activities include the International Labour Organization (ILO), the Department for Economic and Social Information and Policy Analysis of the United Nations Secretariat, the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), and the regional commissions, in particular the Economic Commission for Latin America and the Caribbean (ECLAC).

Figure VI. Trends in multilateral population assistance

Expenditures/Allocations (US$ millions)*

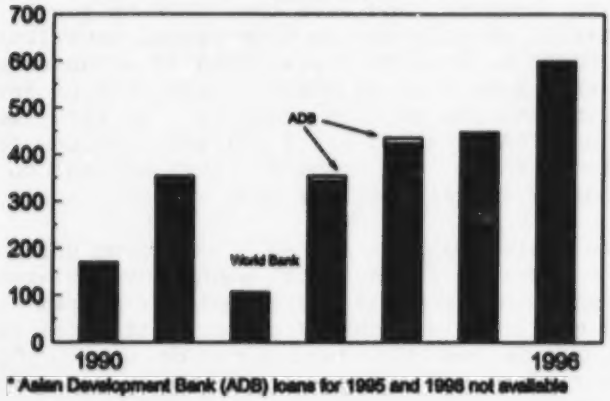


* 1995 information from United Nations agencies/organizations incomplete

C. Trends in multilateral loan assistance

19. The World Bank is another major multilateral source of population assistance through its loan agreements with developing countries. The World Bank - and the Asian Development Bank - are treated separately because their assistance is in the form of loans rather than grants. Moreover, the World Bank's projects are multi-year commitments, recorded in the year in which they are approved but being drawn on over the full term of the agreement, usually four or five years. As can be seen in figure VII, World Bank loans have increased dramatically since 1990[6] when they amounted to $169 million, or 17 per cent, of total population assistance. The World Bank made available $448 million for population and reproductive-health assistance in 1995 and $599 million in 1996.

Figure VII. Trends in multilateral development loans for population*
(US$ millions)



* Asian Development Bank (ADB) loans for 1995 and 1996 not available

20. Through fiscal year 1994, the World Bank reported separate loan components for population, health and nutrition projects which were earmarked for family planning service delivery, fertility surveys and policy development. Since then, the Bank's reports have used a broader definition which includes elements of reproductive health such as prenatal care, delivery services and the diagnosis and treatment of sexually transmitted diseases, including HIV/AIDS. For example, part of the total commitment of $424 million in fiscal 1994 was for two large loans to Brazil ($150 million) and Uganda ($50 million) for projects on sexually transmitted diseases, consisting of subcomponents for the prevention of HIV/AIDS transmission, AIDS impact mitigation, and AIDS surveillance and treatment. Similarly, a large AIDS project to Kenya ($40 million) was negotiated in fiscal 1995. In 1995, only two of 24 new projects approved - totalling $85 million - had population as the primary activity; another five had population components. In total, the Bank reported committing $448 million in fiscal 1995 under the expanded definition of population/reproductive health.

21. In fiscal year 1996, the Bank reported a total of $599 million in commitments for population and reproductive health. Included in the total were

two loan agreements, totalling $67 million, which had as their main objectives improvement of reproductive health and/or family planning. One other 1996 agreement, for $18.5 million, contained a major reproductive health component among its proposed activities. As mentioned, the policy trend at the World Bank is towards integrating family planning activities into wider projects with reproductive health and mother/child care elements. Another 10 projects negotiated in 1996 provide general support to the health sector, some of which may indirectly aid population/reproductive health programmes. Over the 1990-1996 period the Bank loans for population assistance were concentrated in Africa and, to a lesser extent, in Asia.

22. International development assistance (IDA) loans, made at concessionary rates, continued to comprise 55-60 per cent of the total loan commitments of the World Bank, the remainder being in the form of loans from the International Bank for Reconstruction and Development (IBRD), made at prevailing commercial rates. In fiscal year 1995, 68 per cent of World Bank commitments were in the form of IDA loans.

23. The Asian Development Bank (ADB) also makes development loans in the area of population and reproductive health. It began lending for population activities in 1993 under a new population assistance strategy. The implementation of the strategy can be gauged by the increasing share population has in its health projects, from 2.1 per cent between 1978 and 1989 to 17.6 per cent between 1993 and 1995. In 1994, ADB had two ongoing projects principally supporting population activities in its loan portfolio and another five loans with large population components. A further project was devoted to improving women's health. ADB's loan portfolio in 1995 shows an essentially unchanged share for population.

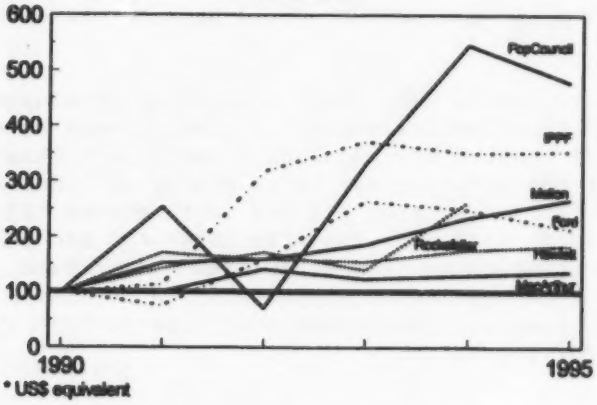
D. Trends in private assistance

24. Private sources of population assistance, such as benevolent foundations and some international non-governmental organizations, have steadily increased their presence in the 1990s as important providers of international population assistance. In 1990 such institutions provided $48 million, or around 5 per cent of total assistance. By 1994, the amount had increased considerably, to $117 million, or 10 per cent of the total. Preliminary estimations for 1995, however, indicate that private international flows did not increase over the 1994 amount and may have even decreased marginally.

25. Over this period, the principal institutions making financial population grants were the Ford Foundation, the Rockefeller Foundation, the MacArthur Foundation, the Population Council, the Mellon Foundation, the Hewlett Foundation, and the International Planned Parenthood Foundation (IPPF). A new programme of the Wellcome Trust, which started in October 1995, will spend about $15 million annually for five years on population-related research. The Rockefeller Foundation is actively engaged in a programme of policy research and policy dialogue to support global resource mobilization. The programme aims at fostering the mobilization of the human and financial resources needed to satisfy all unmet demand for fertility regulation among men and women of the

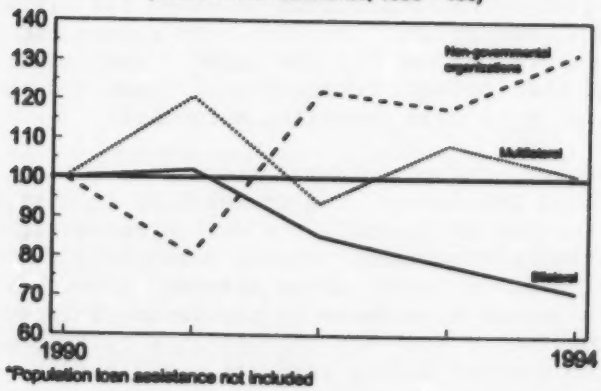
developing countries. Figure VIII shows the trends in population assistance from these major private donors since 1990. As can be seen clearly, most of these foundations and non-governmental organizations greatly increased their funding of population activities over the 1990s. Overall, private flows have increased over the 1990-1995 period by over 230 per cent. This increasing trend is mirrored in the share of total population assistance channelled through non-governmental organizations (fig. IX): the share of resources expended via the non-governmental organizations channel increased by around 30 per cent over the period 1990-1994, offset by a corresponding decrease in the bilateral channel.

Figure VIII. Trends in population assistance from private sources
(1990 = 100)*



* US$ equivalent

Figure IX. Trends in channels of population assistance*
(Share of total assistance; 1990 = 100)

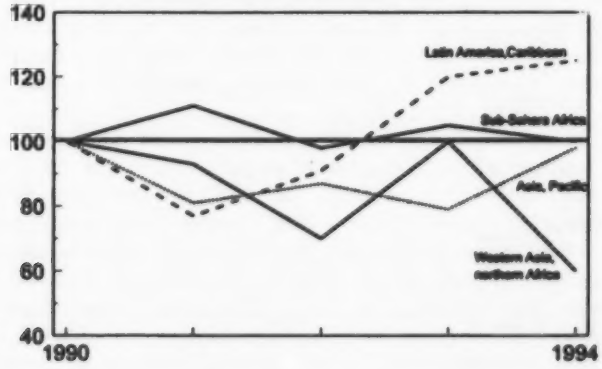


*Population loan assistance not included

E. Expenditure by geographical region

26. During the 1990-1994 period, international population expenditures for all developing regions tended to increase, except for western Asia and northern Africa. The relative shares of external resources destined for each region, shown in figure X, fluctuated with no clear trends. The region of Latin America and the Caribbean has increased its share since 1991, but it remains to be seen if that is a short-term phenomenon or not. The share for sub-Saharan Africa, which received about 25 per cent of total expenditures in 1990, increased to 27 per cent in 1993 but declined again in 1994, despite the high proportion of the least developed countries in that region. Political unrest and other factors affecting absorptive capacity may be restricting the growth of population assistance to the region. Interregional programmes increased as a proportion of total expenditures in the early 1990s but have declined again since then. From around 16 per cent in 1990, the share of total expenditures devoted to interregional or global activities fell to 14 per cent in 1994.

Figure X. Trends in population assistance by region of destination
(1990 share of total assistance = 100)



II. FLOWS OF DOMESTIC FINANCIAL RESOURCES FOR POPULATION IN 1995

27. The previous report on resource flows (E/CN.9/1996/6) presented some preliminary evidence indicating that several developing countries had formulated national plans of action as called for in the Programme of Action and that many countries had begun to disseminate the results of the Conference and carry out advocacy efforts to promote understanding of the approach it supported. In the area of reproductive health, including family planning and sexual health, some countries had started to develop more integrated systems which offered a fuller range of services. Domestic resource flows were not reported - only a sketch of post-Conference changes in resource priorities in selected developing countries. In discussion of that report, the Commission at its twenty-ninth session welcomed the effort to obtain information on domestic resource flows for population and development but at the same time urged that a more systematic approach be adopted.

28. Up to now, little information about domestic flows in developing countries for population and reproductive health activities has been collected. Probably the most comprehensive study was an unpublished assessment of family planning expenditures in 79 countries for the period 1990-1993.[7] There have also been analyses in individual developing countries of domestic resources flowing into governmental family planning activities. However, no systematic assessment using the expanded framework of the Conference, which includes basic reproductive health and elements of HIV/AIDS prevention, has been undertaken.

29. To remedy the situation, and in accordance with recommendations of the Commission, UNFPA has adopted a two-phase approach. For the present report, data were sought through UNFPA's network of offices in the developing countries via a concise questionnaire, realizing that, given the small size of UNFPA field offices and the fact that field offices do not have a data-collection function as part of their regular responsibilities, the data gathered would be preliminary and fragmentary in nature. At the same time, however, UNFPA has been actively engaged in arranging for a collaborative project with an independent institution systematically to gather adequate, comprehensive data and to maintain a database on resource flows, both domestic and international. This endeavour is described in section IV of this report.

30. The questionnaire sent to UNFPA field offices requested information on the following topics:

(a) National plans of action for implementing the Programme of Action;

(b) Special meetings on implementation;

(c) Allocations and expenditures on basic reproductive health, family planning, maternal and child care, prevention of sexually transmitted diseases, population data, research and policy analysis, and population information, education and communication;

(d) Allocations and expenditures for the primary health care systems;

(e) Resources available through non-governmental organizations;

(f) Private-sector funding for population;

(g) Resource mobilization through cost-recovery schemes;

(h) Requests for supplementary international assistance.

31. Responses to the questionnaire varied. In some countries, the relevant data in the form requested were supplied; in other cases, no information at all was available, often because the Conference population elements sought were not reported separately in governmental accounts, especially in health systems where reproductive health and family planning are integrated into general health care. In some of the poorest countries, all resources for population activities were reported to come from external sources. Most responses reported allocations rather than actual expenditures: budgets often follow a programmatic order of presentation, while expenditures tend to use less informative, functional categories.

32. The information collected on domestic resource flows gathered from the UNFPA questionnaire and data from other sources is shown in table 3. The first column (A) of table 3 contains the total reported domestic funding in 1995 for population/reproductive health activities of governmental agencies. Allocations are given in the table because they were available more often than expenditures. Allocations in many cases overstate what will actually be spent. Some countries were able to report allocations/expenditures according to the six disaggregated elements of the Conference population package, but most combined some of the categories - reproductive health, family planning and maternal/child health services often being jointly reported. In the cases of Jordan and Nicaragua, the amounts shown in column A represent allocations to the whole primary health care system.

33. Column B of table 3 shows total assistance for population from international sources (not counting development loan assistance) for the year 1994. It was not possible to calculate the corresponding totals for 1995 since not all donor information has been received. As described above, international population assistance may have risen by around 20 per cent from 1994 to 1995, so donor assistance to individual countries will have risen, on average, also. For this reason, the percentages shown in column C, again on average, would tend to overestimate the true proportion of financial resources for population programmes that are raised domestically. With these caveats in mind, a wide variation between countries is found in terms of the domestic proportion of financial resources. Burundi, Cambodia, Cameroon, El Salvador, Kenya, Madagascar and the Philippines supply less than 20 per cent of total resources for population-related activities. At the other end of the spectrum, many countries' domestic financial flows account for 80 or even 90 per cent of the total resources for population - for example, Iran, Kiribati, Malaysia, Maldives, Pakistan, Papua New Guinea, Thailand, Tunisia and Zaire. Viet Nam contributes on its own 63 per cent of resources for population activities.

34. Data from the survey mentioned above on domestic resource flows for family planning[6] are shown in column D of the table. This information was obtained

from a number of sources, including questionnaires sent to key informants (primarily representatives of donor agencies involved in the countries' population programmes and governmental officials implementing family planning programmes). A comparison of this data set with the UNFPA-gathered information in column A shows that a reasonable correspondence exists in many cases, while in others, it points to the difficulties of obtaining accurate data through a simple "mail-out" questionnaire approach. As references for comparison, table 3 also contains data on domestic allocations for primary health care services derived from the UNFPA questionnaire and statistics from the World Bank on annual health care expenditures from domestic and foreign resources combined (columns E and F, respectively).

35. Several countries were able to provide breakdowns of domestic flows by specific elements of population programmes. In the cases of Madagascar, Morocco and Viet Nam, domestic financial data on basic reproductive health were not available; reproductive health and family planning elements were combined in the case of Nicaragua; and in Viet Nam maternal/child health financial data were unavailable. The share of domestic resources for population going to family planning programmes varies greatly: in Burundi, 6 per cent of "population" allocations go to family planning, but in Bangladesh, fully 90 per cent does. Thailand now devotes 85 per cent of its domestic population flows to AIDS prevention.

Contributions of non-governmental organizations to national programmes

36. Information was also collected through the questionnaire on the contributions of non-governmental organizations - either national or international, operating in developing countries - to the implementation of the Programme of Action. In general, the reports received did not permit quantitative financial description of the contributions. Until reporting systems in countries make it possible for financial contributions to be better recorded (see sect. IV), qualitative assessments can be used to give an overall impression of the involvement of non-governmental organizations. Responses to the UNFPA questionnaire indicate that in about half of the reporting countries non-governmental organizations have taken up the challenge of the Conference and have committed additional resources for population activities. In the remaining countries, no additional activity by non-governmental organizations was noted, often because non-governmental organizations were not able to mobilize non-domestic financial resources.

37. The only active non-governmental organization in Iran, the Family Planning Association of Iran, was revitalized in 1995, following the Conference. The Association still receives its major financial support from IPPF. However, in a drive to raise funds, it has recently reached an agreement for accepting donations from the municipality of Tehran.

38. In Jordan, the leading non-governmental organization in family planning has intensified its activities since the Conference. In 1995, it conducted two national forums aimed at speeding up the implementation of the Programme of Action. It also organized meetings for parliamentarians and for the national media and conducted several workshops on population issues. In Morocco, major non-governmental organizations play key roles in information, education and

communication activities in support of reproductive health and family planning. One non-governmental organization addresses the issue of adolescent sexual health; another carries out sensitization activities on the AIDS pandemic.

39. In Nepal, the Family Planning Association of Nepal has taken positive steps to respond to the challenges set out by the Conference. Numerous meeting and workshops have been held, including one with parliamentarians. The Association has rethought its post-Conference strategy and formed a plan through the year 2003. A symposium of adolescent reproductive health was organized, and media blitzes on the topic have been undertaken. In the Maldives, the Government has increasingly mobilized non-governmental organizations in expanding services to outer islands. In 1995 the first family planning clinic was established with the help of IPPF, and an island-level health post managed by a community organization was inaugurated.

40. In Namibia, the Namibian Planned Parenthood Association was launched in January 1996 and is already the lead non-governmental organization in reproductive health. The Namibian National Women's Organization is also very active in working for the empowerment of women.

41. The hundreds of non-governmental organizations active in Bangladesh have made invaluable contributions towards achieving national population goals. They participate actively and effectively, collaborating with the Government in all important areas, including service delivery, motivation and training, and they are particularly effective in bringing programmes to inaccessible, low-performing and underserved areas. In addition, well-known non-governmental organizations such as the Grameen Bank and the Bangladesh Rural Advancement Committee engage in activities promoting education, health services and income-generation for the rural poor, particularly women, and through those mechanisms have made a positive impact on family planning acceptance. Non-governmental organizations have generally committed increased resources to national population activities since the Conference.

III. RESOURCE MOBILIZATION AND RESOURCE REQUIREMENTS FOR THE IMPLEMENTATION OF THE PROGRAMME OF ACTION

A. Population component of the Programme of Action

42. The International Conference on Population and Development was the first United Nations conference to spell out a schedule of resource mobilization to achieve a specific set of development objectives. The estimated cost of the measures is $17 billion a year by 2000, increasing to $21.7 billion in 2015 (in constant 1994 dollars). The Programme of Action recommended that, globally, approximately two thirds of the needed resources in developing countries would have to come from domestic sources in the future. Therefore, one third of the projected resource requirements would have to come from external sources: $5.7 billion in the year 2000, increasing to $7.2 billion by 2015.

43. The Programme of Action explicitly acknowledged that the two-thirds/one-third formula would apply globally and not to each country individually. Many countries in sub-Saharan Africa will require special assistance programmes for

implementing the population measures of the Conference. In situations where the constraints on domestic resources are most severe, owing to weak economic performance, inadequate infrastructure, and the shortage of trained personnel, it is expected that most of the needed resources will be supplied through external population assistance. On the other hand, a substantial proportion of the resources for many national programmes in other developing regions is expected to be mobilized from within the countries themselves. Countries with economies in transition still have significant but temporary needs for technical assistance in order to facilitate the transformation of their population and reproductive health programmes for the provision of quality family planning information and services.

B. Related social sectors

44. Countries will also need to support other socio-economic development programmes which are similarly vital for achieving the Conference goals. For example, the Programme of Action calls for the empowerment of women and recognizes the role of education as a way to achieve it. Resources for basic education have to be increased substantially. Drinking water and sanitary conditions must also be improved from current levels. Achieving these goals, and others, will require increased resource allocations that go beyond the costed out elements of the Conference's basic population package. The burden of increasing resources in all these activities will have to be shared by mobilizing both domestic and international resources and by involving all relevant international and national organizations.

45. The 20/20 initiative to mobilize resources to give all people access to basic social services was noted in the Programme of Action. The World Summit for Social Development, in its Programme of Action, invited interested developed and developing country partners to undertake mutual commitments concerning official development assistance and national budget levels for basic social programmes. Under the 20/20 initiative, donors commit themselves to allocating 20 per cent of their development assistance to improving basic social services, while developing countries also agree to allocate 20 per cent of their development budgets to the same purpose. Consultations among United Nations agencies and organizations over the past year have further refined the concepts involved. The Governments of Norway and the Netherlands sponsored an international meeting in April 1996 in Oslo to discuss the operationalization of such agreements among interested countries. The Government of the Netherlands is committed to the 20/20 initiative and to ensuring that 20 per cent of its development cooperation budget is devoted to basic social services - that is, basic health, basic education, water and sanitation, nutrition, and reproductive health and population. The rubric "reproductive health and population" encompasses reproductive health services, family planning services, prevention of HIV/AIDS, and data, policy and analysis. Decisions such as that of the Netherlands are positive responses towards ensuring an adequate flow of resources for population.

C. Initiatives on resource flows

46. In the two years since the Conference, a number of initiatives, both internationally and nationally, have focused on the question of increasing resource flows for the implementation of the Programme of Action. As described below, these initiatives represent important steps for exchanging information on resource requirements.

47. At the time of the twenty-ninth session of the Commission on Population and Development (February 1996), a consultation on resource mobilization was convened by the Executive Director of UNFPA. Noting that resource mobilization in 1995 had been encouraging, the Executive Director specifically mentioned the Republic of Korea's pledge to make the transition from recipient to donor as an encouraging sign. She went on to express concern that there were no assurances that the increases noted for 1995 would continue. Some concern was expressed at the meeting that donors were including different sets of activities under the heading "population", in response to the broad agenda of the Conference. The meeting stressed the need for advocacy to maintain momentum for resource mobilization, the importance of assuring the effectiveness of interventions in the population sector and the ability to demonstrate successes by measuring impacts.

48. One of the most encouraging signs of increased commitment for population and reproductive health since the Conference has been the number of donor countries that have pledged to increase their support. These include Australia, Denmark, Germany, Japan, Netherlands, Switzerland, United Kingdom and United States plus the European Union. As described below, several of the pledges are multi-year commitments, showing a determination to follow the strategy agreed to at the Conference.

49. In 1994, the Government of Japan announced a new Global Initiative on Population and AIDS under which $3 billion would be allocated, from 1994 to 2000, to addressing global population problems and preventing the spread of HIV/AIDS. Of the total amount, it was expected that $1 billion would be utilized for core population and family planning activities. The first year (April 1994 to March 1995) resulted in expenditures of $465 million: $12 million for AIDS prevention, $75 million for direct population activities and $377 million for "indirect population" programmes, which consist of primary health care, primary education and vocational training, and literacy education for women.

50. The Government of Germany has committed more than $2 billion over the period 1995-2000 to population programmes, making it the second largest donor of population assistance, after the United States. Germany has a dual strategy of population assistance, supporting family-planning services, on the one hand, and a combination of health education, HIV/AIDS and women's empowerment activities, on the other. Germany has expanded direct bilateral project assistance to several countries. At the same time, the German Parliament has restricted funding through multilateral channels to 30 per cent of total assistance, a policy which may constrain the Government's capacity quickly to increase the overall flow of assistance to the proposed level.

51. After the Conference, the United Kingdom pledged to increase aid for population and reproductive health by approximately 65 per cent, for a total of about $160 million over the following two years. The British Overseas Development Administration takes a broad reproductive health approach to population assistance while maintaining a special focus on family planning. The increased commitment has been paralleled by growth in bilateral projects with the Overseas Development Administration in developing countries, focusing on 20 of the lowest income countries.

52. In 1995, the Government of Denmark gave UNFPA a contribution of $36.1 million, which included of $6.3 million earmarked for the implementation of the Programme of Action in sub-Saharan Africa and $2.2 million for social science issues in connection with sexual and reproductive health. In 1996, Denmark increased its contribution to $47 million, of which $8.6 million are earmarked for additional Conference activities in sub-Saharan Africa and $2.1 million for social science issues.

53. The policy of the Government of the Netherlands regarding population assistance was set out in 1994. Following the urging of Parliament to increase population funding as a proportion of the overseas development budget, national policy now supports a 4 per cent target for population assistance. This will bring the Netherlands funding level for international population assistance to about $125 million by the year 1998.

54. The Government of Australia is in the middle of a four-year initiative through 1998 to earmark $130 million to population and family-planning programmes in developing countries. As pointed out above, Australia has significantly increased population funding through differing channels in the recent past.

55. The Government of Finland has recently defined its approach to development assistance in a cabinet document issued in September 1996 by the Ministry of Foreign Affairs. Under the poverty-reduction goal, the document emphasizes support for efforts to improve family planning and reproductive health as a part of basic health services. After the severe economic recession in the early 1990s, Finland has gradually been restoring the level of its population assistance to earlier levels.

56. The European Union has set a policy target of approximately $375 million annually on programming in the area of population and reproductive health by the year 2000. In 1994, however, less than $40 million was expended in the population area, partially because of limited technical resources available for programming among its staff. One modality being used by the European Union is to contribute some of its assistance to developing countries through UNFPA country programmes. An agreement for more than $31 million between the Union and UNFPA was recently reached on an important initiative involving population programmes in several Asian countries.

D. Multilateral resource flows

57. Since the International Conference, UNFPA - along with several other donor institutions - has made major changes in its strategic framework, in structure and in organization, to meet the challenges of implementing the Programme of Action. A strategy was crafted in 1995 and described in the report to the UNFPA Executive Board on programme priorities and future directions of UNFPA (DP/1995/25). A UNFPA mission statement was adopted by the Executive Board in 1996. The allocation of resources to programmes in developing countries and countries with economies in transition was reviewed, and a new system responding to the goals of the Programme of Action and the needs of the poorest countries, outlined in a report of the Executive Director (DP/FPA/1996/15), was adopted by the Executive Board. The poorest countries, furthest from meeting the Conference goals, will receive 65-69 per cent of UNFPA assistance in the future. UNFPA is also continuing to strengthen its administrative, technical and field structure to be better able to take a lead role in meeting the increased demand for population and reproductive health programmes in the developing world. National execution of projects and delegation of authority to UNFPA field offices for approval of projects have become major features of national programmes. To ensure adequate monitoring, auditing and oversight of a decentralized structure, modifications of the organizational structure at UNFPA headquarters are being introduced.

58. The World Bank has indicated that it will increase resources for population and development in the future. At the Conference, the Bank stated its intention to increase spending by 50 per cent over the next three years. In addition to expanding the levels of its financial assistance in education and environmental programmes that are in harmony with the objectives of the Programme of Action, the Bank has also increased its lending to population, health and nutrition programmes that directly or indirectly address reproductive and primary health issues contained in the Programme of Action. In fiscal 1995, population, health and nutrition loan commitments amounted to $1.2 billion; in 1996 the amount rose to $2.4 billion, representing around 11 per cent of all commitments. Of the $2.4 billion committed, slightly over one third was in the form of "soft" IDA loans.

59. The Bank has given serious consideration to the Programme of Action as can be seen by increased loans for reproductive health, including the safe motherhood initiative and the prevention of HIV/AIDS and other sexually transmitted diseases. However, since its reporting system now records population and reproductive health as a single category, core population and family planning elements cannot be tracked separately. The fact that fewer 1996 loans have those elements as significant loan components may mean that fewer resources are flowing to family planning activities than before.

E. Resource requirements for population and development

60. The Programme of Action specifically calls upon the international community to review on a regular basis the specific needs of countries in the field of population and development (para. 16.28). Although the Programme of Action provided global estimates of required resources, and a Conference background

document gave estimated requirements at the subregional level, country-level estimates are also needed. Efforts to improve information in this area are summarized below.

61. UNFPA, in collaboration with other international agencies, has continued to undertake programme review and strategy development (PRSD) missions to work with Governments to assess the needs and priorities of countries in matters concerning population and development. The missions are a mechanism for assessing specific programme and resource requirements. Another important source of information on resource requirements is the internationally supported programme, the Global Initiative on Contraceptive Requirement and Logistics Management Needs in the 1990s, administered by UNFPA. The programme assesses contraceptive requirements and logistic management needs in individual countries. A total of 15 countries have been studied, to date, from all regions of the world, and the results published. Three more countries will soon be undertaking such assessments, and four follow-up studies are planned for countries that already completed, some years ago, an initial requirement study.

62. More recently, UNFPA has completed country profiles for all countries of the developing world. The profiles include descriptions of national status on key social, health and demographic indicators, preliminary estimates of resource requirements for the national population and development programmes, and a summary of relevant national population policies. Priority is being given to the dissemination of the profiles before the end of 1996.

IV. SYSTEMATIC DATA ON FINANCIAL RESOURCE FLOWS

63. Looking to the future, the mobilization of resources to implement the Programme of Action should be more fully monitored than at present. A mechanism needs to be developed to coordinate the work of all agencies engaged in support for population programmes. UNFPA currently monitors on an annual basis the amount of international assistance for programmes dealing with population and development, and publishes the Global Population Assistance Report. UNFPA also collects annually descriptive information on population projects throughout the developing world, compiling them in the comprehensive report Inventory of Population Projects in Developing Countries around the World. The data-collection efforts made in preparing the report also mark a step forward towards a global system for monitoring resource flows.

A. Collaborative project for an information system on resource flows

64. As mentioned above, UNFPA has actively taken up the challenge of information on resource flows. In 1996 it sought the collaboration of an international non-governmental organization systematically to collect, edit, and record data on the flows of financial resources for population and development programmes, both internationally and domestically, in order to create and maintain a dynamic database and to perform basic analyses of the data and disseminate the findings. The objective in developing the system is to obtain a

complete picture of global resource flows in the area of population and development.

65. In mid-1996 UNFPA solicited bids from interested institutions to design and implement such a system. More than 20 institutions with a wide geographical distribution were contacted. The Netherlands Interdisciplinary Demographic Institute, a well respected institution in the area of population and development studies, was selected through a competitive bidding procedure. The Institute will begin a two-year contract at the start of 1997, with the possibility of further extensions, contingent on a favourable evaluation of the products prepared and subject to possible project modification to satisfy additional data needs discovered during the initial phase of implementation.

B. Classification of population activities

66. The classification of population activities used in preparing the present report closely followed the "costed population package" (see para. 13.14 of the Programme of Action). The questionnaires asked for financial flows to be broken down into the following sub-categories: basic reproductive health services; family planning services; maternal, infant and child care health services; prevention of sexually transmitted diseases; basic research and policy analysis; and population information, education and communication. The Development Assistance Committee of OECD has adopted an alternative classification scheme under the general rubric of Population policies/programmes and reproductive health, with the following four sub-categories: population policy and administrative management; reproductive health care; family planning; and sexually transmitted disease control, including HIV/AIDS.

67. Three main issues in classification have been noted with regard to the "costed population package". First, there has been a tendency to merge certain elements, such as submerging family planning into overall reproductive health or reporting on a combined "population and reproductive health" category, which makes continuity of reporting difficult. Secondly, the reporting of support for HIV/AIDS prevention varies from agency to agency: in some cases it is not possible to isolate activities that conform to the Conference definition of this element[8] from overall assistance for AIDS programmes. Thirdly, the Conference population package includes assistance for services of basic reproductive health care given at the primary-health-care level, while some agencies' statistical recording systems aggregate reproductive health activities undertaken at all health-care levels.

V. CONCLUSIONS

68. The present report analyses financial flows for population for 1994 and, provisionally, for 1995. In these two years, international assistance for population, through bilateral, multilateral and private-sector channels, and from development banks, grew substantially. Around 20 per cent growth was recorded in both 1994 and 1995. Most donors registered notable increases during the two-year period, and donor flows for population increased, on average, both as a percentage of respective GNPs and as a share of total official development

assistance. Changes in categorizing population assistance in 1995 to take account of the reproductive health focus recommended for population programmes, however, mean that 1994 and 1995 financial flows are not strictly comparable. In part, the 1994-1995 increase reflects that financial flows for a wider range of activities were recorded in 1995 than were reported in earlier years; part of the increase, nonetheless, is probably accounted for by a real growth of financial flows for population.

69. Information was gathered on domestic financial flows in developing countries and countries with economies in transition. The data, although incomplete, gave rough estimates of the effort many countries themselves are putting into implementing the Programme of Action. The domestic financial flows of several countries, in fact, account for 80 or even 90 per cent of the total national resources available for population programmes in their own territories. Other developing countries, by contrast, have not been able to contribute significantly to such programmes and remain largely dependent on external funding sources for population activities.

70. The present report represents a significant improvement in documenting financial flows at all levels, building on the constructive guidance provided by the Commission in its comments on the previous report. There is, nevertheless, an obvious need for a systematic approach to reporting on global financial flows. A new arrangement between UNFPA and the Netherlands Interdisciplinary Demographic Institute, an internationally recognized population research institute, will, beginning in 1997, produce a database of financial flows which will progressively meet the international community's need for global flow data in the area of population and development. It will thus become possible in future reports to gauge national efforts to allocate more resources to implementation of the agenda of the Conference.

71. The rising trend in resource flows documented for the 1994-1995 period is encouraging and must count as one of the real successes in global development efforts. A great deal has been accomplished with relatively modest investments. But the successful implementation of the Programme of Action is still dependent upon higher levels of resource mobilization and increasing efficiency in resource utilization. Additional resources are urgently required better to identify and satisfy unmet needs in areas related to population and development, as was clearly enunciated by member States at a recent session of the General Assembly during its consideration of follow-up to the Programme of Action. Sub-Saharan Africa, parts of Asia, and the least developed countries will need a much larger share of resources from the international community, but all countries should redouble efforts to increase their own resources for population and reproductive health.

72. Although several donor countries have shown early and laudable commitments through announcements of increased funds for population activities, overall official development assistance has declined in recent years. In spite of the commendable initiative in addressing the Conference goals, shown by some, most donors still need to review their development assistance policies and increase resources for global population activities accordingly. To realize the concrete and achievable goals clearly set out by the Conference, the mobilization of resources must be placed high on the global development agenda, and the

implications of increasing financial resources to the level of $17 billion by the year 2000, as called for in the Programme of Action, must be faced squarely. At the Conference it was agreed that donor assistance needed to reach $5.7 billion by the year 2000, whereas in 1995 international assistance totalled only $2 billion. All financial institutions should take into account the resources for population that will be required over the next 20 years and devise policies and strategies for resource mobilization that will allow the Conference programme to succeed.

Notes

[1] See Global Population Assistance Report, 1994 (New York, UNFPA, 1994).

[2] The term "primary funds" refers to funds provided by primary donors for population assistance in the year shown.

[3] UNDP, Human Development Report 1996 (New York, Oxford University Press, 1996); and OECD World Wide Web site (www.oecd.org).

[4] From a pooled set of data on bilateral flows representing about 90 per cent of the total, the 1995 pooled total was 22 per cent higher than the corresponding 1994 total.

[5] The total of $107 million includes $72 million reported by UNICEF. Because UNICEF's operational activities are highly decentralized, UNICEF reported that it was not possible to extract the information required from its database. UNICEF's broader definition of population assistance includes support for basic education and literacy, especially for women, and for enhancing the status of women. In Global Population Assistance Report, 1993 (New York, UNFPA, 1993), $6.2 million of UNICEF's reported total of $63 million was identified as population assistance, according to categories of assistance used prior to the International Conference.

[6] The World Bank operates on a fiscal year which runs from July to June. Thus, fiscal year 1996 ran from 1 July 1995 to 30 June 1996.

[7] Shanti Conly and others, Family Planning Expenditures in 79 Countries: A Current Assessment (Washington, D.C., Population Action International, 1996).

[8] Paragraph 13.14 (c) of the Programme of Action describes this component as "... mass media and in-school education programmes, promotion of voluntary abstinence and responsible sexual behaviour and expanded distribution of condoms".

Table 1. Population assistance of donor countries in relation to GNP and total ODA assistance

	Per million US$ of GNP			Change (percentage) 1990-1995	Percentage of ODA			Change (percentage) 1990-1995
	1990	1994	1995		1990	1994	1995	
Australia	19	57	91	379	0.56	1.65	2.56	358
Austria	1	4	4	277	0.06	0.11	0.11	80
Belgium	13	13	15	13	0.28	0.40	0.36	28
Canada	77	43	59	(23)	1.74	1.01	1.49	(14)
Denmark	170	232	364	114	1.83	2.25	3.54	93
Finland	161	83	122	(24)	2.53	2.68	3.83	52
France	7	10	..	..	0.09	0.16	..	..
Germany	31	56	74	137	0.75	1.68	2.16	188
Ireland	..	5	9	..	na	0.20	0.31	..
Italy	2	17	..	..	0.05	0.65	..	..
Japan	22	18	23	5	0.71	0.62	0.67	(5)
Luxembourg	..	8	..	..	na	0.21	..	..
Netherlands	125	132	156	25	1.34	1.74	1.74	30
New Zealand	10	16	27	173	0.45	0.68	1.10	145
Norway	487	377	314	(36'	4.16	3.58	3.22	(23)
Portugal	..	1	0	..	..	0.02	0.00	..
Spain	..	1	2	..	na	0.04	0.09	..
Sweden	192	237	172	(10)	2.12	2.46	2.10	(1)
Switzerland	27	30	40	47	0.85	0.84	1.08	27
United Kingdom	39	56	94	142	1.41	1.81	3.27	132
United States	51	69	91	79	2.47	4.66	8.18	231
Total	43	49	72	67	1.21	1.65	2.61	116

Sources: 1994 GNP, World Bank; provisional 1995 ODA, OECD (www.oecd.org).

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Table 2. Contributions from DAC countries to UNFPA core resources, 1990-1995

(Thousands of United States dollars)

	1990	1991	1992	1993	1994	1995
Australia	998	1 189	1 285	1 361	1 860	1 956
Belgium	836	727	865	1 409	1 875	2 297
Canada	11 184	11 806	10 968	9 063	10 085	7 015
Denmark	15 605	15 370	19 012	20 297	22 665	36 070
Finland	18 708	23 870	18 067	4 178	7 449	11 669
France	952	957	1 278	1 223	1 912	653
Germany	24 303	23 460	26 445	26 169	26 945	32 590
Italy	1 575	1 587	2 878	1 869	1 592	1 250
Japan	40 830	41 700	42 900	45 400	48 700	51 800
Netherlands	26 934	28 170	30 881	28 323	32 422	38 821
Norway	22 075	28 130	26 462	24 765	25 881	29 131
Sweden	21 197	21 432	26 591	17 664	18 608	16 501
Switzerland	5 735	5 578	6 450	5 772	7 040	7 177
United Kingdom	10 961	13 067	15 737	10 718	13 303	16 325
United States	0	0	0	14 500	40 000	35 000

Source: UNFPA.

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Table 3. Financial resource flows in developing countries: latest annual expenditures

	Domestic allocations/ expenditures (US$ 1,000) 1995 (A)	Donor assistance (US$ 1,000) 1994 (B)	Percentage domestic[a] 1994-1995 (C)	Domestic family planning expenditures (US$ 1,000) 1990-1993 (D)	Primary health care allocations (US$ 1,000) 1995 (E)	Annual health care expenditures (US$ 1,000) 1990-1994 (F)
Afghanistan	..	0	..	0	..	..
Algeria	..	200	..	4 000	..	..
Angola	..	1 100	..	..	..	..
Antigua and Barbuda	..	200	..	..	..	..
Argentina	..	500	..	..	..	..
Bahamas	..	100	..	..	..	..
Bahrain	..	0	..	..	..	140 426
Bangladesh	38 365	100 900	28	32 000	6 861	..
Barbados	..	200	..	..	..	..
Belize	..	300	..	..	..	33 342
Benin	..	1 300	..	..	..	..
Bhutan	..	700	..	..	..	4 679
Bolivia	8 530	9 200	48	2 000	99 400	93 680
Botswana	..	2 100	..	0	..	74 995
Brazil	13 508	14 900	48	22 000	..	..
Burkina Faso	..	3 600	..	1 000	..	..
Burundi	475	3 400	12	..	..	..
Cambodia	360	3 800	9	..	..	..
Cameroon	615	3 600	15	..	424	91 459
Cape Verde	..	600	..	..	..	..
Central African Republic	..	1 500	..	0	..	..

	Domestic allocations/ expenditures (US$ 1,000) 1995 (A)	Donor assistance (US$ 1,000) 1994 (B)	Percentage domestic[a] 1994-1995 (C)	Domestic family planning expenditures (US$ 1,000) 1990-1993 (D)	Primary health care allocations (US$ 1,000) 1995 (E)	Annual health care expenditures (US$ 1,000) 1990-1994 (F)
Chad	..	800	..	0	..	..
Chile	..	2 800	..	..	..	1 094 104
China	..	11 300	..	1 230 000	..	141 115
Colombia	..	4 600	..	6 000	..	..
Comoros	..	500	..	..	..	..
Congo	..	400	..	0	..	..
Costa Rica	..	1 700	..	4 000	..	560 799
Côte d'Ivoire	..	5 300	..	0	..	..
Cuba	..	1 100	..	..	..	..
Democratic People's Republic of Korea	..	800	..	..	..	..
Djibouti	..	100	..	..	..	..
Dominica	..	100	..	..	..	..
Dominican Republic	..	5 800	..	0	..	..
Ecuador	..	7 600	..	0	..	..
Egypt	..	12 500	..	9 000	..	346 037
El Salvador	802	6 400	11	2 000	..	53 368
Equatorial Guinea	..	600	..	..	..	..
Eritrea	..	100	..	..	..	..
Ethiopia	..	7 200	..	0	..	..
Fiji	138	400	26	..	..	45 427
Gabon	..	100	..	..	..	..
Gambia	..	800	..	..	..	..

	Domestic allocations/ expenditures (US$ 1,000) 1995 (A)	Donor assistance (US$ 1,000) 1994 (B)	Percentage domestic[a] 1994-1995 (C)	Domestic family planning expenditures (US$ 1,000) 1990-1993 (D)	Primary health care allocations (US$ 1,000) 1995 (E)	Annual health care expenditures (US$ 1,000) 1990-1994 (F)
Ghana	..	18 200	..	2 000	..	90 257
Grenada	..	200	..	..	..	..
Guatemala	..	9 100	..	1 000	..	..
Guinea	..	7 400	..	1 000	..	..
Guinea-Bissau	..	900	..	0	..	..
Guyana	..	400	..	..	..	..
Haiti	..	10 400	..	..	..	..
Honduras	..	5 100	..	1 000	..	..
India	346 200	33 700	91	255 000	..	787 527
Indonesia	..	24 100	..	161 000	..	717 072
Iran, Islamic Republic of	10 667	1 200	90	14 000	..	..
Iraq	..	0	..	..	..	..
Jamaica	..	2 600	..	2 000	..	..
Jordan	45 600	2 300	95	1 000	40 000	100 056
Kenya	1 244	25 900	..	1 000	1 418	125 709
Kiribati	75	0	100	..	1 191	..
Lao People's Democratic Republic	..	1 200	..	..	..	..
Lebanon	..	600	..	..	..	..
Lesotho	..	500	..	0	..	39 705
Liberia	..	100	..	0	..	..
Libyan Arab Jamahiriya	..	0	..	..	..	..

	Domestic allocations/ expenditures (US$ 1,000) 1995 (A)	Donor assistance (US$ 1,000) 1994 (B)	Percentage domestic[a] 1994-1995 (C)	Domestic family planning expenditures (US$ 1,000) 1990-1993 (D)	Primary health care allocations (US$ 1,000) 1995 (E)	Annual health care expenditures (US$ 1,000) 1990-1994 (F)
Madagascar	1 314	6 300	17	0	204	26 534
Malawi	..	4 700	..	0	..	..
Malaysia	10 794	1 300	89	10 000	112 397	947 633
Maldives	4 085	100	98	..	..	..
Mali	..	4 900	..	4 000	..	..
Malta	..	0	..	..	..	97 930
Marshall Islands	..	300	..	..	..	..
Mauritania	755	1 300	37	0	..	..
Mauritius	..	600	..	2 000	6 525	68 488
Mexico	927 853	19 100	98	65 000	..	..
Micronesia	..	900	..	..	..	..
Mongolia	..	1 500	..	..	..	3 540
Morocco	11 356	15 400	42	8 000	86 989	252 050
Mozambique	..	4 200	..	1 000	..	..
Myanmar	..	100	..	..	3 053	339 507
Namibia	..	1 100	..	..	..	..
Nepal	..	9 600	..	2 000	..	28 366
Nicaragua	62 650	5 100	92	2 000	37 000	73 498
Niger	..	6 300	..	..	..	..
Nigeria	..	18 300	..	1 000	..	..
Oman	..	300	..	..	..	306 112
Pakistan	78 146	12 700	86	20 000	28 736	..
Panama	..	1 000	..	0	..	460 600

	Domestic allocations/ expenditures (US$ 1,000) 1995 (A)	Donor assistance (US$ 1,000) 1994 (B)	Percentage domestic[a] 1994-1995 (C)	Domestic family planning expenditures (US$ 1,000) 1990-1993 (D)	Primary health care allocations (US$ 1,000) 1995 (E)	Annual health care expenditures (US$ 1,000) 1990-1994 (F)
Papua New Guinea	9 956	2 200	82	..	76 923	129 131
Paraguay	2 478	1 500	62	..	..	65 495
Peru	..	12 900	..	0	..	..
Philippines	4 236	24 000	15	6 000	..	430 033
Puerto Rico	..	0	..	..	..	..
Republic of Korea	..	100	..	10 000	..	976 337
Reunion	..	0	..	..	..	..
Rwanda	..	4 500	..	1 000	..	..
St. Kitts and Nevis	..	0	..	..	..	..
St. Lucia	..	300	..	..	..	..
St. Vincent	128	100	56	..	3 730	..
Sao Tome and Principe	..	300	..	..	..	..
Senegal	..	5 100	..	0	..	..
Seychelles	..	100	..	..	..	..
Sierra Leone	..	500	..	..	..	..
Solomon Islands	..	400	..	..	..	..
Somalia	..	100	..	..	..	..
South Africa	..	900	..	45 000	..	..
Sri Lanka	4 400	1 600	73	11 000	31 960	149 236
Sudan	..	1 300	..	..	..	..
Suriname	..	400	..	..	..	..
Swaziland	..	2 000	..	..	..	..
Syrian Arab Republic	..	2 700	..	..	..	84 554

	Domestic allocations/ expenditures (US$ 1,000) 1995 (A)	Donor assistance (US$ 1,000) 1994 (B)	Percentage domestic[a] 1994-1995 (C)	Domestic family planning expenditures (US$ 1,000) 1990-1993 (D)	Primary health care allocations (US$ 1,000) 1995 (E)	Annual health care expenditures (US$ 1,000) 1990-1994 (F)
Thailand	58 890	1 500	98	23 000	..	1 365 079
Togo	..	1 700	..	..	..	..
Tonga	..	100	..	..	..	5 114
Trinidad and Tobago	..	400	..	0	..	..
Tunisia	11 343	1 900	86	7 000	89 034	330 568
Turkey	..	4 700	..	33 000	..	1 343 881
Uganda	..	10 500	..	0	..	..
United Republic of Tanzania	..	9 900	..	1 000	..	..
Uruguay	461	600	43	..	861	186 987
Vanuatu	..	600	..	..	..	..
Venezuela	..	700	..	..	..	..
Viet Nam	20 545	12 300	63	8 000	29 818	..
Western Samoa	..	100	..	..	..	..
Yemen	..	2 900	..	..	..	87 919
Zaire	30 969	100	100	0	..	..
Zambia	..	4 800	..	0	..	..
Zimbabwe	2 508	7 700	25	3 000	..	..

[a] 1994 donor assistance compared to 1995 domestic allocations.

Sources: columns A, B, C and E, UNFPA; column D, Shanti Conle, and others, Family Planning Expenditures in 79 Countries: A Current Assessment (Washington, D.C., Population Action International, 1996); column F, World Bank.